

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33877

State File No.

FILED SEP 27 1952

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY OR TOWN <u>RURAL ST. GENEVIEVE</u> c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ST. GENEVIEVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. GENEVIEVE STAR ROUTE 1</u>		d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE # 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>ANTON</u> c. (Last) <u>HUCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 19 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 22 1870</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>0</u> 11. DAYS <u>0</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ZELL MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>JOSEPH HUCK</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINA SCHILLY</u>	
14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE BAUMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Richard Huck Sr. 02 St. Genevieve Mo</u>		17. ADDRESS		18. CAUSE OF DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		DUE TO (b) _____		?	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Pneumonia</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 1, 1952, to Sept 19, 1952; that I last saw the deceased alive on Sept 18, 1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Lanning M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Genevieve Mo.</u>		23c. DATE SIGNED <u>9/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 22 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH Cem</u>	
24d. LOCATION (City, town, or county) <u>ZELL</u>		24e. (State) <u>MO</u>			

DATE REC'D BY LOCAL REG. <u>9-24-52</u>		REGISTRAR'S SIGNATURE <u>Theresa M. Karlo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reo Barber, St. Genevieve Mo</u>	
ADDRESS		ADDRESS		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

350
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alvin J. Miller

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.